Reviewer's report

Title: Effects of epidural lidocaine analgesia on labor and delivery: a randomized, prospective, controlled trial

Version: 2 Date: 20 July 2006

Reviewer: Leopold Eberhart

Reviewer's report:

General

I almost completely agree with the view of the first reviewer, Dr. Stephen Halpern.

The manuscript is on a very relevant topic. The study seems to be well conducted and adds interesting new data to a field where one single study can not provide sufficient data because there are numerous potentially influencing factors, e.g. cultures differences as well as differences concerning medical treatment.

I do not agree with the view of Dr. Marc van de Velde. He is correct stating that most institutions worldwide use a mixture of low dose local anaesthetics combined with opioids for the first stage of labour. However, there is little evidence that there is great difference between low-dose-high-volume or high-dose-low-volume with respect to motor blockade.

Also the omission of opioids for labour epidural analgesia does not necessarily mean that the results are not of interest for the scientific community.

What I would like to see in the paper of Shahram Nafsi is a flow chart with detailed information about inclusion, exclusion of patients and the randomization process (as already highlighted by Dr. Halpern it seems that patients might be assigned to a group not completely by random). The author should also provide information how he managed to avoid cross-over between the groups.

How were parturients managed when opioid analgesia was not sufficient? Did they truly not receive an epidural or was caesarean section then indicated? What about parturients in whom the epidural failed? How was is managed that all females receiving an epidural had complete pain relief? On what assessment was the decision to repeat a lidocain bolus based on?

My advice would be to accept this interesting work but the author must provide additional information on the randomization process of the trial and patient management throughout the study.

The discussion section should be reorganized.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)
Declaration of competing interests:

I declare that I have no competing interests